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CONFIRMATION NO. 9114

<b>SERIAL NUMBER</b> 10/696,878	<b>FILING OR 371(c) DATE</b> 10/30/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 99866/15
<b>APPLICANTS</b> Jose Zimmer, Ingelheim, GERMANY; Sean Lee, Karlsruhe, GERMANY; Coni Rosati, Encinitas, CA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/673,596 09/29/2003 which is a CIP of 09/818,466 03/27/2001				
<b>** FOREIGN APPLICATIONS *****</b> NONE				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/13/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 24
Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials <u>                    </u>				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 31013				
<b>TITLE</b> Tissue abrasives				
<b>FILING FEE RECEIVED</b> 1352	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	